Under the Paperwork Reduction Act of 1993, no persons are required to restaura to the Control of institution of Docket Number Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECOR						10,007,973					
CLAIMS AS FILED - PART ((Column I) (Column I)							SMALL ENTITY OR SMALL ENTITY				
FOR NUMBER FILED			NUMBER EXTRA		RA	TE FE	Ε	RATE	FEE		
22			22	79.		71-38-9			,		
	SIC FEE CYB 1.16(0j)	.8					1_	01	1 2 2	s 740	
TOT	AL CLAIMS CFR 1.14(1)		22 minus 20 = * 2			x 3_	_=	or	V-10	36	
	EPENDENT CLA CPR (.14(0))	ums	8 minus - 5			<u> </u>		OF	× 84-	420	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CPR (1949)						<u> </u>		OF	+=		
If the difference in column 1 is less than zero, enter "0" in column 2							AL	OF	TOTAL	<i>11196</i>	
CLAIMS AS AMENDED - PART U (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA1	ADI TION FE	NAL	RATE	ADDI- TIONAL FEE	
	Total	• / 1	Minus	·· 20	- 19		_ _	OR	× 18-	342	
EN	()7 CFR 1.14(c)) Independent	• //	Minus	*** 0	= 0			OR			
¥	(31 CPR).14(b))	4_	L	٥	L_U_	 		OR	 		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(4))					<u> </u>		OR OR	<u> </u>	- 20	
(Column 1) (Column 2) (Column 3)					TOT ADDIT. F			TOTAL ADDIT. FEE	342		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA1	ADI TION FEI	IAL	RATE	ADOI- TIONAL FEE	
	Total (27 CFR 1.144))	• 40	Minus	. 41	= /	7 S	. =	OR	x 5=		
MEN	Independent O7 CFR 1.16(1)	• 4	Minus	*** 4	=	x	_=	OR OR	x_=		
¥		ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(27 CFR 1.144))		_=	. OR	<i>†</i> =		
(Celumn I) (Co				(Column 2)	(Column 3)	TO ADDIT.	TAL .	OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RA1	ADI TE TION	IAL E	RATE	ADDI- TIONAL FEE	
ŽQ.	Total (17 CFR 1.14(4))	•	Minus	••	a .	x \$	_ =	OR OR	x \$=		
MEA	Independent ()7 CFR 1.14(b))	•	Minus	•••	=	x	_ =	OR	x =		
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (22 CFR.).14(9)					+		OR	· =		
TOTAL OR TOTAL											
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE											

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, enter "1"

The "Highest Number Previously Paid For" (Total or Independent) is the inher number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

ADDIT. FEE

**ADDIT.*

*